

Pennsylvania Pandemic Influenza Response and Preparedness Plan Comments 10-6-04

Issue: Organization of information comparing outbreak characteristics, preparedness and response activities information.

PIRP Location: Pg: 3, 8,9,10,11

Comments: The information provided for comparison on Pandemic Influenza and SARS is quite useful however comparison of this information in this format can be confusing and time consuming.

Recommendations and Rationale:

?? To develop a Biological Agent Algorithm.
Such an algorithm would group biological agents of similar outbreak characteristics requiring a common response activity. Identification of a causative biological agent at the onset of an outbreak may not be as important as rapidly determining the response necessary to protect the health of the victims, health care workers and facilities. Final determination of an agent would further define response activities. Algorithms of this type could also be developed for chemical and radiological events.

Issue:
Multiple Suggestions for Annex 1

Comments:

?? State Executive Committee needs “real” in-the-field representation from the private sector.
?? Pg. 16 – Section E - Communications section is too brief.
?? General Comment: Note the lack of reference to mental/behavioral health issues. These need to be addressed more fully in the overall plan.

Recommendations and Rationale:

?? Recommend the addition of 2 Infectious Disease medical practitioners (not within the government) on the Executive Committee – 1 from an academic organization and the other from a community physician group.
?? Much advance work is needed including the formation of state and local teams ready to spring into action possibly even prior to CDC guidance.

Discuss any anticipated barriers:

- ?? Traditional organization of state and other governmental agencies and personnel doesn't include (by history and inclination) full and initial participation by private sector. This approach should be considered in advance, perhaps by identifying likely private sector consultants to join the Executive Committee upon its mobilization.

Issue:

Suggestions for Annex 2

Comments:

- ?? Plan didn't adequately address issue relating to the legal rights of staff and hospital to restrict patient and family movement, quarantine in the hospital and in after-care at home, etc.
- ?? Hospital Preparedness Teams – Pg. 5, Item III. A
This team should also include representatives from employee training & development and media relations.
- ?? Pre-Event Training for Staff – Pg. 8, 3rd paragraph
It will be important to stress pre-event information, family planning, and training for staff as well. This will hopefully prevent some of the anticipated labor impacts of staff not reporting for work during an emergency.
- ?? Credentialing of medical volunteers – Pg. 9, 2nd paragraph, bullet 6
The issue of credentialing for volunteer (retired) medical staff must be addressed per JCAHO requirements.
- ?? Surge Capacity/Non-Traditional Sites – Pg. 23, 2nd paragraph
The guideline needs to require that hospitals work with local Health Departments in this area. The document implies that health care facilities should handle this on their own.
- ?? There should be a mechanism to screen healthcare workers for diseases in the setting of a phase 3 pandemic (might also be useful in phase 2).
- ?? Of use for hospitals, would be a reference table of guidelines linked to each phase of the pandemic (similar to one in the core document). Relevant issues for hospitals would be: when to devise separate triage areas for patients with respiratory symptoms, when to advise visitors with respiratory symptoms to stay away from hospital, when to implement mass vaccination clinics or chemoprophylaxis, etc.

General Comment: Note the lack of reference to mental/behavioral health issues. These need to be addressed more fully in the overall plan.

Recommendations and Rationale:

- ?? Recommend that these issues be addressed specifically through education and suggestions made in the plan.
- ?? Employee information and public communication strategies will be key.
- ?? Add some language recommending the development of family emergency plans (such as the Red Cross model) for flu pandemic situations.
- ?? Add some language to address the need for hospitals to have in place an emergency credentialing process to ensure the veracity of volunteer medical and clinical staff credentials.
- ?? Strengthen recommendation to work co-operatively with public health in this area.

Discuss any anticipated barriers:

- ?? Need for strong interaction, planning and mutual dependency of local officials and health care providers. Also, appreciation of the immense worry and public fear unless pre-planned and continuous public communication is provided.

Issue:

Suggestions for Overall Plan

Comments:

- ?? The most important strategy for saving lives in a pandemic situation is prevention of infection. Toward that end, a specific restriction on travel for hospital personnel is essential.
- ?? Some additional points that need to be expanded in the plan are:
- ?? Home care strategy for use after capacity in hospitals is reached.
- ?? Care policy for dense population centers (schools, dormitories, prisons, etc.)
- ?? Specific recommendations on care degradations during periods of overflow, i.e., what care is not given during a pandemic? Ventilators will be the most critical shortage in a pandemic. Specific recommendations on use and strategies for surge capacity should be given.

Issue:

Reference to “*need to ration vaccine will require substantial public education and adequate security measures*” – without additional guidance this statement is inadequate.

PIRP Location (page number, paragraph, etc.)

Comments:

- ?? Rationing, of any type, is simply unheard of in today's healthcare environment. We are unconvinced that any effort to educate the public will make "rationing" terminology palatable to the general public.

Recommendations and Rationale:

- ?? Understanding that a limited number and/or amount of vaccine would be available for treatment and/or prophylaxis in the early stages of an influenza pandemic, an alternative would be to pre-position available vaccine where it will benefit the most and provide maximum usefulness – i.e., within hospitals.
- ?? Include with this deployment specific guidance for use – either for treatment of the sick or for vaccination of healthcare workers. It will be more effective for physicians and infection control / infectious disease specialists to implement established guidelines for use than to try to provide mass education to the public on who will / will not receive vaccine(s).